



I am HIV infected and pregnant. What are the chances my baby will be born with HIV?

In the United States and Europe, fewer than 2 babies in 100 born to mothers infected with HIV are infected with the virus. This is because most women infected with HIV and their babies receive anti-HIV medications to prevent **motherto-child transmission of HIV** and do not breastfeed. If you take anti-HIV medications during pregnancy and labor and delivery, if your baby receives anti-HIV medications after birth, and if you do not breastfeed your baby, the risk of passing HIV to your baby is very low.

Will my newborn baby receive anti-HIV medications?

Yes. Within 6 to 12 hours after delivery, babies born to women infected with HIV receive an anti-HIV medication called AZT after the first infant feeding. AZT helps prevent mother-to-child transmission of HIV. The babies receive AZT for 6 weeks. (In certain situations, some babies may receive other anti-HIV medications in addition to AZT.)

Terms Used in This Fact Sheet

Mother-to-child transmission of HIV: the passing of HIV from a woman infected with HIV to her baby during pregnancy, during labor and delivery, or by breastfeeding.

AZT: an anti-HIV medication in the nucleoside reverse transcriptase inhibitor (NRTI) class. AZT is also called zidovudine, Retrovir, or ZDV.

Virologic HIV test: a laboratory test that measures the amount of HIV in a sample of blood.

Bactrim: an antibiotic used to prevent and treat infection with *Pneumocystis jirovecii* pneumonia (PCP). Bactrim is also called Septra, Sulfatrim, Sulfamethoxazole/ Trimethoprim, or TMP-SMX.

***Pneumocystis jirovecii* pneumonia (PCP):** a lung infection caused by a fungus that occurs in people with weakened immune systems.

Regimen: Anti-HIV medications are grouped into “classes” according to how they fight HIV. A regimen is a combination of three or more anti-HIV medications from at least two different classes.

CD4 count: CD4 cells, also called T cells or CD4+ T cells, are white blood cells that fight infection. HIV destroys CD4 cells, making it harder for the body to fight infections. A CD4 count is the number of CD4 cells in a sample of blood. A CD4 count measures how well the immune system is working.

Viral load: the amount of HIV in the blood.

When will my baby be tested for HIV?

HIV testing for babies born to women with known HIV infection is recommended at 14 to 21 days, at 1 to 2 months, and again at 4 to 6 months. Testing for babies is done using a **virologic HIV test**. Virologic HIV tests look directly for the presence of HIV in the blood.

- To be **diagnosed with HIV**, a baby must have **positive results from two virologic HIV tests**.
- To know for certain that a baby is **not infected** with HIV, the baby must have **two negative virologic HIV tests**, the first at 1 month of age or older, and the second at least 1 month later.

- The baby will also undergo testing at 18 months of age to ensure maternal antibody has disappeared.

Babies who are HIV-infected receive a combination of anti-HIV medications to treat HIV. At 6 weeks of age, babies infected with HIV also start a medication called **Bactrim**. (Bactrim is also given as a precaution when it's not known if a baby is HIV infected or not.) Bactrim helps prevent *Pneumocystis jiroveci* pneumonia (PCP), a type of pneumonia that can develop in people with advanced HIV.

What is the best way to feed my baby?

Because HIV can be transmitted through breast milk, women infected with HIV who live in the United States should not breastfeed. In the United States, infant formula is a safe and healthy alternative to breast milk. Although the risk is very low, HIV can be transmitted to a baby through food that was previously chewed (pre-chewed) by a mother or caretaker infected with HIV. To be safe, babies should not be fed pre-chewed food.

Will my anti-HIV medications change after I give birth?

After your baby is born, you and your health care provider may decide to stop or change your anti-HIV **regimen**. The decision to continue, change, or stop your anti-HIV medications will depend on several factors:

- current expert recommendations on the use of anti-HIV medications
- your **CD4 count** and **viral load**
- issues that make it hard to take medications exactly as directed
- whether or not your partner is infected with HIV
- the preferences of you and your health care provider

Don't stop taking any of your anti-HIV medications without first talking to your health care provider. Stopping your medications may limit the number of anti-HIV medications that will work for you and may cause your HIV infection to worsen.

Having a new baby is exciting! However, caring for a new baby while dealing with the physical and emotional changes that follow childbirth can be stressful. It may be difficult to take your anti-HIV medications exactly as directed. If you feel sad or overwhelmed or have concerns about taking your medications, talk to your health care provider. Together you can make a plan to keep you and your baby healthy.

This information is based on the U.S. Department of Health and Human Services' *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States* (available at <http://aidsinfo.nih.gov/guidelines>).